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Bib Data Sheet

CONFIRMATION NO. 5571

<b>SERIAL NUMBER</b> 09/892,938	<b>FILING DATE</b> 06/27/2001 <b>RULE</b>	<b>CLASS</b> 379	<b>GROUP ART UNIT</b> 2645	<b>ATTORNEY DOCKET NO.</b> D-7173-1
<b>APPLICANTS</b> Keith A. Merwin, Jacksonville, FL; Robert J. van Winkel, Jacksonville, FL; ** CONTINUING DATA ***** <i>yes AM</i> THIS APPLICATION IS A CIP OF 09/605,477 06/28/2000 ** FOREIGN APPLICATIONS ***** <i>Name AM</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> ** 07/26/2001				
Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>NO</i> <i>AM</i> Examiner's Signature Initials	<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 18
<b>INDEPENDENT CLAIMS</b> 2				
<b>ADDRESS</b> Arthur G. Yeager, P.A. Suite 1305 112 West Adams Street Jacksonville, FL 32202				
<b>TITLE</b> Computerized system for the receipt, recordation, scheduling and redelivery of telephone messages to predetermined telephone numbers				
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	



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<b>APPLICANTS</b> Keith A. Merwin, Jacksonville, FL; Robert J. van Winkel, Jacksonville, FL;					
<b>** CONTINUING DATA *****</b> This application is a CIP of 09/605,477 06/28/2000 PAT 6,731,725					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 07/26/2001</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged		<b>STATE OR COUNTRY</b> FL	<b>SHEETS DRAWING</b> 6	<b>TOTAL CLAIMS</b> 18	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> 044885 <i>C.R.T. update 2-19-06</i> <i>ST.</i>					
<b>TITLE</b> Computerized system for the receipt, recordation, scheduling and redelivery of telephone messages to predetermined telephone numbers					
<b>FILING FEE RECEIVED</b> 355	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		